



# Iowa Department of Human Services

Terry E. Branstad  
Governor

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Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1320

**DATE:** November 22, 2013

**TO:** Iowa Medicaid Nursing Facilities, Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID), Mental Health Institutes (MHI), Psychiatric Medical Institution for Children (PMIC), and Residential Care Facility (RCF) Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Completion of Case Activity Report-Facilities

**EFFECTIVE:** Upon Receipt

### **Revised Case Activity Report Form:**

The Case Activity Report (CAR), Form [470-0042](#), has been updated and is available on the IME website at: <http://www.ime.state.ia.us/Providers/Forms.html>.

### **Purpose:**

The form provides a mechanism for the facility providers listed above to report individual resident/member activities or changes at the facility level that may affect eligibility.

### **Member/Resident Activity/Status Changes When CARs Must Be Completed:**

Facility staff must complete the CAR form when:

- A resident applies for Medicaid.
- A Medicaid-eligible person enters the facility.
- A Medicaid-eligible resident's Medicare coverage starts or stops and the Medicaid rate is higher than the Medicare rate.
- A Medicaid-eligible resident dies or is discharged.

### **Completing the CAR Sections:**

Section 1. Member Data: This section contains resident-specific information. The first name, middle initial, and last name should be used as they appear on the *Medical Assistance Eligibility Card*. The "Date Entered Facility" is the date the resident entered the facility for the first time or was readmitted to the facility following a discharge.

Section 2. Facility Data: This section contains information on the facility involved and the person completing the form. The provider number or national provider identifier must correspond with the level of care indicated in Section 3. The "DHS Per Diem" is the facility's computed rate. The "Date Completed" is the date the form is completed and sent to the department local office.

Section 3. Level of Care: This section identifies the process used to determine level of care (IME Medical Services Unit, Medicare, managed care contractor, or out-of-state skilled preapproval) and the effective date of the determination.

Section 4. Medicare Information for Skilled Patients: For skilled patients, this section reflects Medicare coverage that may be applicable to skilled care. This section is completed when there is Medicare coverage and the Medicaid rate is higher than the Medicare rate.

Section 5. Discharge Data: This section is completed to identify the date and reason for discharge. The information under “Last Month in Facility” is used to recalculate client participation if the client transfers to another facility or living arrangement (not home). Remember that Medicaid does not pay for the date of discharge.

**Distribution:**

Facilities must submit the form to the applicable DHS office within three (3) business days of the action. Failure to complete in the required timeframe results in the delay of reimbursement.

**Sending Completed CARs:**

NFs, Community ICF/IDs, SNFs and Swingbed:

- Mail, email or fax a copy to the DHS Centralized Facility Eligibility Unit at:

Centralized Facility Eligibility Unit  
Imaging Center 1  
Iowa Department of Human Services  
417 E. Kaneshville Blvd.  
Council Bluffs, IA 51503-4470  
Fax: 515-564-4040 email: [facilities@dhs.state.ia.us](mailto:facilities@dhs.state.ia.us)

- Keep a copy.

PMICs:

- Mail, email or fax a copy to the DHS Centralized Facility Eligibility Unit at:

Centralized Facility Eligibility Unit – PMIC  
Imaging Center 1  
Iowa Department of Human Services  
417 E. Kaneshville Blvd.  
Council Bluffs, IA 51503-4470  
Fax: 515-564-4040 email: [CSAPMIC@dhs.state.ia.us](mailto:CSAPMIC@dhs.state.ia.us)

- Keep a copy.

RCFs, MHIs, and State Resource Centers:

- Mail, email or fax a copy to your county DHS income maintenance worker.
- Keep a copy.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).